

TELECOPIER COVER SHEET**May 18, 2005****RECEIVED
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To: Assistant Commissioner for Patents	From: Ronald S. Tamura Reg. No. 43,179 Patent Counsel 818/493-3157
Attention: Examiner M. Bockelman Art Unit: 3762 TECHNOLOGY CENTER 3700	ST. JUDE MEDICAL GRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 703/872-9306	Telecopier: 818/362-4795
RE: Amendment and Request for Reconsideration Applic. No. 09/931,481 Filed: 08/15/2001 Docket No. 99P1016US01	Number of pages being sent: <u>13</u> (including cover page)

PLEASE DELIVER TO EXAMINER BOCKELMAN, ART UNIT 3762. THANK YOU.

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY THE SENDER BY RETURN FAX OR TELEPHONE. THANK YOU.

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Harold Schloss et al.		
Serial No.:	09/931,481	Examiner:	M. Bockelman
Filed:	08/15/2001	Art Unit:	3762
Docket No.:	99P1016US01		
For:	IMPLANTABLE MEDICAL DEVICE HAVING ATRIAL TACHYARRHYTHMIA PREVENTION THERAPY		

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment and Request for Reconsideration
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	11	28	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	5	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE -- 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge - Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**

<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of	\$0**	A copy of this letter is enclosed.
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PATENT

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

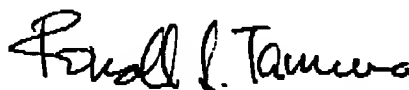
X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

5/18/05



Ronald S. Tamura

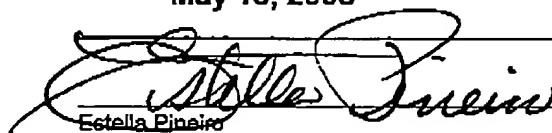
Reg. No. 43,179

Attorney for Applicants

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark office, on:

May 18, 2005

 5/18/05
Estella Pinairo Date

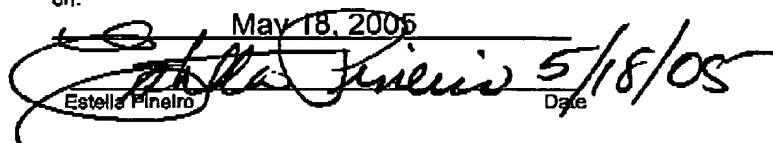
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AMENDMENT AND REQUEST FOR RECONSIDERATION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office
on:

May 18, 2005

Estelle Pinairo Date

Dear Sir:

In response to the Office Action dated April 6, 2005, please amend the above-identified patent application as follows: